

DEATH REPORT

LEGAL INFORMATION

This part to be added to the Death register

(See Rule 12)

(To be filled by the informant)

1. മരണം നടന്ന തീയതി / Date of death : (Enter the exact day, month and year eg.1.1.2000)

2. മരണപ്പെട്ടയാളുടെ പൂർണ്ണമായ പേര് / Name of the deceased (Full name as usually written) :

(a) മരിച്ച വ്യക്തിയുടെ സ്ഥിരമായ മേൽവിലാസം / Permanent address of the deceased :

(b) അച്ഛന്റെ/ ഭർത്താവിന്റെ പേര് / Name of Father / Husband :

(c) മാതാവിന്റെ പേര് / Name of Mother :

(d) മരിച്ച വ്യക്തിയുടെ മരണസമയത്തെ മേൽവിലാസം / Address of the deceased at the time of death :

3. ആൺ/പെൺ / Sex of the deceased : (Enter "male" or "female" do not use abbreviation)

4. മരണപ്പെട്ടയാളുടെ വയസ്സ് / Age of the deceased : (If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day in hours)

5. മരണ സ്ഥലം / Place of death (Tick the appropriate entry 1, 2 or 3 below and give the name of the hospital/Institution or the address of the house where the death took place. If other place, give location)

എ. ആശുപത്രി/ സ്ഥാപനം- പേര്/ : 1. Hospital / Institution- Name

2. വീട് - മേൽവിലാസം : House - Address

3. മറ്റു സ്ഥലം / Other Place :

6. വിവരം നൽകുന്ന വ്യക്തിയുടെ പേരും മേൽവിലാസവും / Informant's name and address :

ആശുപത്രി/സ്ഥാപനങ്ങളിലെ ബന്ധപ്പെട്ടവരുടെ മോളൊപ്പം,സീലും (ആശുപത്രി/ സ്ഥാപനങ്ങൾ മുഖാന്തിരം അറിയിക്കുന്നവയ്ക്ക് മാത്രം)/ Counter signature and seal of the authorities concerned (in the case of hospitals / institutions) :

തീയതി / Date: വിവരം നൽകുന്ന വ്യക്തിയുടെ ഒപ്പ്/വിരലടയാളം/ Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. Registration Date:

Registration Unit District

Town/ Village District

Remarks (if any) Name and Signature of the Registrar

DEATH REPORT
Statistical Information

This part to be detached and sent for statistical processing

(To be filled by the informant)

<p>7. Town or Village of residence of the deceased :(Name of Corporation/ Municipality/ Gramapanchayat where the deceased usually lived. This can be different from the place where the Death occurred. The house address is not required to be entered).</p> <p>(a) Name of Corporation/ Municipality/ Gramapanchayat</p> <p>(b) Is it a Town/ Village (Tick the appropriate entry below) 1. Town 2. Village</p> <p>(c) Name of District:</p> <p>(d) Name of State:</p> <p>8. Religion: (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion: (write name of the religion)</p> <p>9. Occupation of the deceased: (If no occupation write Nil)</p> <p>10. Type of medical attention received before death: (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than institution 3. No medical attention</p>	<p>11. Was the cause of death medically certified? : (Tick the appropriate entry below)</p> <p align="center">1. Yes 2. No.</p> <p>12. Name of Disease or Actual Cause of Death: (For all deaths irrespective of whether medically certified or not)</p> <p>13. In case this is a female death, did the death occur While pregnant, at the time of delivery or within 6 weeks after the end of pregnancy: (Tick the appropriate entry below)</p> <p align="center">1. Yes 2. No.</p> <p>14. If used to habitually smoke for how many Years?</p> <p>15. If used to habitually chew tobacco in any form for how many years?</p> <p>16. If used to habitually chew arecanut in any form (including pan masala)-for how many years?</p> <p>17. If used to habitually drink alcohol for how many years?</p>
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To be filled by the Registrar

Code No. Registration No. Registration date:

Date of death: Sex: 1. Male 2. Female Age : years/months/days/hours

Place of death: 1. Hospital/Institution 2. House 3. Other place

District : Taluk: Town / Village

Registration Unit :

Name and signature of the Registrar